



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR
RICHARD M. ARMSTRONG, DIRECTOR

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 12, 2009

Cliff McAleer
Milestone Decisions Inc #1 Grant
611 South Main
Moscow, ID 83843

RE: Milestone Decisions Inc #1 Grant, provider #13G016

Dear Mr. McAleer:

This is to advise you of the findings of the Medicaid/Licensure survey of Milestone Decisions Inc #1 Grant, which was conducted on November 6, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily

Cliff McAleer
November 12, 2009
Page 2 of 2

a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **November 25, 2009**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by November 25, 2009. If a request for informal dispute resolution is received after November 25, 2009, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MATT HAUSER
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MH/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/10/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2009
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NAME OF PROVIDER OR SUPPLIER MILESTONE DECISIONS INC #1 GRANT	STREET ADDRESS, CITY, STATE, ZIP CODE 922 N GRANT ST MOSCOW, ID 83843
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiency was cited during the annual recertification survey. The survey was conducted by: Matt Hauser, QMRP, Team Leader Jim Troutfetter, QMRP Common abbreviations/symbols used in this report are: IPP - Individual Program Plan QMRP - Qualified Mental Retardation Professional	W 000		
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individuals' IPPs that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed for 1 of 3 individuals (Individual #1) whose medication reduction plans were reviewed. This resulted in an individual receiving behavior modifying drugs without a plan that identified the drugs usage and how they may change in relation to progress or regression. The findings include: 1. Individual #1's IPP, dated 9/16/09, documented	W 312	<p>RECEIVED</p> <p>NOV 23 2009</p> <p>FACILITY ST/NDARDS</p> <p>see attached plan of correction</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Chris McAleen

TITLE

Administrator

(X6) DATE

11-21-09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 312	<p>Continued From page 1</p> <p>a 16 year old male diagnosed with moderate mental retardation, autism, and intermittent explosive disorder.</p> <p>Individual #1's Physician's Orders, dated 9/24/09 -12/24/09, documented he received Melatonin (an herbal drug) 5 mg each night for sleep.</p> <p>Individual #1's record did not contain a medication reduction plan related to the use of Melatonin. Additionally, his record did not include an objective related to sleep hygiene.</p> <p>When asked during an interview on 11/5/09 at 9:38 a.m., the QMRP stated a medication reduction plan for Melatonin did not exist.</p> <p>The facility failed to ensure Individual #1's Melatonin, used for sleep, was incorporated into a plan.</p>	W 312			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2009
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M 000	16.03.11 Initial Comments The following deficiencies were cited during the annual licensing survey. The survey was conducted by: Matt Hauser, QMRP, Team Leader Jim Troutfetter, QMRP	M 000	<p>RECEIVED</p> <p>NOV 23 2009</p> <p>FACILITY STANDARDS</p> <p>refer to W312</p> <p>see attached plan of correction</p>	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.	MM197		
MM271	16.03.11.100.04(b) Storage of Toxic Chemicals All toxic chemicals must be properly labeled and stored under lock and key. This Rule is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure all toxic chemicals were stored under lock and key for 7 of 7 individuals (Individuals #1 - #7) residing in the facility. The findings include: 1. An environmental survey was conducted at the facility on 11/4/09 from 1:25 - 1:55 p.m. At that time, the following was noted: There was an unlocked bottle of windshield washer fluid with a label stating "Harmful if swallowed" and "If swallowed immediately call poison control." The QMRP, who was present during the environmental review, stated the windshield washer fluid should be locked and took	MM271		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Administrator

(X6) DATE

11-21-09

Bureau of Facility Standards

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MM271	Continued From page 1 possession of the windshield washer fluid. The facility failed to ensure all toxic chemicals were stored in appropriate areas under lock and key.	MM271		

Plan of Correction
Milestone Decisions Inc. #1 Grant
Provider # 13G-016

- W-312 QMRP will review all 90 day med records for all individuals at this home to insure all individuals receiving behavior modifying drugs have a plan that identifies the drug usage and how they may change in relation to progress or regression.
- Nurse and QMRP will monitor by reviewing med records and plans at annual IPP.
- Deficiency and plan of correction will be completed by 12-12-09
- MM197 Refer to W312
- MM271 All toxic chemicals have been properly labeled and stored under lock and key. House administrator and lead worker will monitor by re-training staff regarding locking and storing toxic chemicals and by regular daily observations.
- Deficiency has been corrected.
Plan of corrected will be completed by 12-12-09